

## ATPA Annual Assessment

Submission Required By:  
ALL AUTO INSURERS

2007


Due 3/31/08

## AUTO INSURERS:

Complete and submit this form with assessment payment, *to the* Automobile Theft Prevention Authority (ATPA).Complete and submit this form even if no assessment is due.

Send completed form with payment directly to the Michigan Department of State Police at the address below.

Do not send it to Office of Financial &amp; Insurance Services.

Name and address of Company	NAIC Group number	NAIC Company code
	Contact person name	
	Contact person email address	
	Contact person phone (include area code and extension)	
<b>Please attach supporting documentation for this calculation</b> 		
Total earned car years on all private passenger vehicles insured in 2007 (No-fault Personal Injury Protection)		
<b>ATPA ASSESSMENT</b> Multiply Total earned car years (above) by \$1.00		
\$		

Do **NOT** send to Office of Financial and Insurance Services  
**SEND DIRECTLY TO:**

MICHIGAN DEPARTMENT OF STATE POLICE  
 BUDGET AND FINANCIAL SERVICES DIVISION  
 714 S. HARRISON RD.  
 EAST LANSING MI 48823

Please make check payable to:  
**STATE OF MICHIGAN**

For assistance with this form, please contact  
 Newt Shoup by phone at (517) 336-6693  
 or by email to shoupn@michigan.gov

**Certification:**

I have examined this completed form, and the information given is complete and correct. Amounts given are a true and complete statement of business done in Michigan during this reporting year.

Signature

Date signed

Signer's name and title, typed or printed

P.A. 174 of 1992 requires submission of this form by all Insurers liable for ATPA assessment. Failure to file could result in suspension, revocation or other action against insurer's Michigan certificate of authority.